

Infection with COVID-19 and Neuropathological Features.

Brar-Ahmay Zulfqiyar * and Ibrahima Demfélé.

*Corresponding author

Brar-Ahmay Zulfqiyar,
University Hospital of Rouen, Rouen France.

Received Date : June 13, 2024

Accepted Date : June 15, 2024

Published Date : July 15, 2024

ABSTRACT

Because frailty scales are time-consuming and labor-intensive, very few general practitioners utilize them. We created the Zulfqiyar Frailty Scale (ZFS), a frailty screening instrument for use in general care. This measure was evaluated in several French general practitioners' offices, and these Research was published. We provide an overview of these findings in this paper.

Keywords : Zulfqiyar Frailty Scale (ZFS); frailty syndrome; primary care.

INTRODUCTION AND DEVELOPMENT

One in five French citizens, or 13.1 million, were 65 or older in 2018, according to the National Institute of Statistics and Economic Studies (INSEE). Seniors are predicted to make up 29% of the French population by 2070. The French Ever since the first baby boomer children turned 65 in 2011, the number of old people has been continuously increasing. Since 2021 will be the year that all "baby boomers" turn 65, the rise in 65-74 year olds will come to a halt in that year. Beginning in 2021, there will be a rise in the number of seniors 75-84 years old, and in 2031 for those 85 years and older. As life expectancy continues to rise, this aging.

Public health is at danger because older adults are more likely to experience chronic illnesses, decompensation, loss of autonomy, and frequent care and hospitalization. Therefore, as a community, we need to take the initiative to stop the to keep the healthcare system from overburdening itself and to raise patient standards of living.

There are numerous opinions regarding what defines old fragility. However, the majority of evaluations of the literature present frailty as a dynamic and developing concept that

impacts many facets of everyday living and can result in a loss of autonomy [2]. One cannot naturally overcome fragility. Nonetheless, it can be stopped by deliberate, proactive actions meant to lower morbidity and death rates.

Since general practitioners are frequently the first to get care, they are in the best position to identify frailty and take the appropriate steps to reverse it. There are numerous scales available for identifying frailty. These scales, however, typically extend beyond the parameters of a general discussion. For instance, the Fried Index (gold standard) necessitates the use of a dynamometer—a device that is typically absent from medical practices. Additionally, enough room is needed so that patients can walk straight ahead and gauge their walking speed. This example demonstrates how some scales are quite time-consuming and technical at the same time.

We made the decision to develop a new frailty detection scale for general physicians to utilize in light of the restricted resources accessible to primary care clinicians. Unfortunately, these scarce resources are now a contributing factor in the evident and expanding frailty issue.

in the elderly, a significant public health concern that will undoubtedly continue to be troublesome for a very long time. We created a technology for frailty screening that harmonizes professional practices.

It comprises six variables that might be referred to be frailty markers because they are (according to the medical literature) significantly and independently related with a poor prognosis in terms of mortality and morbidity [4-9]. Also, they were selected because of their simplicity and speed of implementation, as none of the elements call for specialized tools or prior medical professional experience. The questions were used to formulate the items. Every "yes" that is a positive reaction is worth one point. If the patient's score is zero, they are classified as "non-frail," "not very frail," if it is one or two, and "frail" if it is three or more.

MAIN RESULTS

Since the initial publication in the journal MEDICINES MDPI was published, our frailty screening scale has been the focus of other published (or soon-to-be published) investigations. The proof-of-concept study yielded highly satisfactory and repeatable results, and comparable outcomes have been observed in further experiments. An abridged scale created from The Zulfqiyar Frailty Scale (sZFS) was developed with five items, excluding the question "Does the patient benefit from

The Annals of Internal Medicine

home care?" which only addressed social interactions.

DISCUSSION AND PERSPECTIVES

Less than two minutes were needed to finish the test in any of the numerous investigations that were done. For this reason, the scale is perfect for an outpatient scenario. All the information required on the patient's diet, social interactions, and treatments is given to the doctors.

There are six possible points altogether, with one point being awarded for each question on the questionnaire. Our ZFS scale classifies an older person as "frail" if they receive a score of three or higher. Patients who receive a score of 1 or 2 are classified as "pre-frail." An aged individual is deemed "robust" or "non-frail" if their score is 0.

The investigations yielded highly excellent results in terms of the relationships between the Zulfiqar Scale (including the reduced scale) and other frailty scales.

Furthermore, the range of the areas under the curve was 0.80 to 0.94.

These findings demonstrate how effective the ZFS and sZFS are at identifying frailty.

In a subsequent study, the predictive power of our ZFS frailty screening tool will be evaluated in relation to falls, fractures, unplanned hospitalizations (including ER visits), loss of autonomy, institutionalization, and death, for a cohort of elderly subjects under general practitioners' supervision, with a focus on onset of morbidity and mortality within 6 months. The research will start in the French provinces of Normandy and Champagne-Ardenne.

Our measure may also find application in physician offices and multidisciplinary clinics, where the presence of numerous healthcare specialists enables tailored interventions to be implemented in conjunction with the frailty diagnosis. Given the dearth of geriatricians and frailty clinics, this might out to be very advantageous. It goes without saying that general practitioners will be able to design individualized treatment programs and take a leading role in their patients' care. They will assist in managing family caregivers, reevaluate care options, and collaborate with paramedical and social professionals. Thirty to forty percent of senior citizens who live at home are thought to be feeble.

The extent of this syndrome and the lack of skilled physicians in some locations necessitate the screening for frailty by local paramedical providers such as pharmacists, private nurses, and physiotherapists. As a result, we have created a website that can be accessible from any location by any medical experts, including paramedical specialists like physical therapists, occupational therapists, and home care nurses.

There will also be a mobile app soon.

REFERENCES

1. De 2,8 Millions De Seniors En 1870 En France à 21,9 Millions En 2070 ?—France, Portrait Social | Insee. Available online: <https://www.insee.fr/fr/statistiques/3645986?sommaire=3646226> (accessed on 3 October 2021).
2. Zulfiqar, A.-A.; Seng, X.S.; Kadri, N.; Doucet, J.; Hajjam, M.; Hajjam, A. La fragilité du sujet âgé : Un concept majeur au cœur de l'actualité en gériatrie *Revue de littérature. Médecine Thérapeutique* 2017, 23, 223–228.
3. Monteserin, R.; Brotons, C.; Moral, I.; Altimir, S.; San, J.A.; Santaeugenia, S. Effectiveness of a geriatric intervention in primary care: A randomized clinical trial. *Fam. Pract.* 2010, 27, 239–245. [CrossRef] [PubMed]
4. Fried, L.P.; Tangen, C.M.; Walston, J.D.; Newman, A.B.; Hirsch, C.; Gottdiener, J.S. Frailty in Older Adults: Evidence for a Phenotype. *J. Gerontol. Ser. A Biol. Sci. Med. Sci.* 2001, 56, M146–M157. [CrossRef] [PubMed]
5. Zulfiqar, A.A. Creation of a New Frailty Scale in Primary Care: The Zulfiqar Frailty Scale (ZFS). *Medicines* 2021, 13, 19. [CrossRef] [PubMed]
6. Nourhashémi, F.; Rolland, Y.; Vellas, B. La prévention des chutes et de leurs conséquences. *Presse Méd.* 2000, 29, 1249–1254.
7. Sternberg, S.A.; Schwartz, A.W.; Karunanathan, S.; Bergman, H.; Mark, C.A. The Identification of Frailty: A Systematic Literature Review. *J. Am. Geriatr. Soc.* 2011, 59, 38. [CrossRef] [PubMed]
8. Kojima, G. Frailty as a predictor of disabilities among community-dwelling older people: A systematic review and meta-analysis. *Disabil. Rehabil.* 2017, 39, 1897–1908. [CrossRef]
9. Kojima, G.; Kendrick, D.; Skelton, D.A.; Morris, R.W.; Gawler, S.; Iliffe, S. Frailty predicts short-term incidence of future falls among British community-dwelling older people: A prospective cohort study nested within a randomised controlled trial. *BMC Geriatr.* 2015, 2, 155. [CrossRef]
10. Zulfiqar, A.A. Frailty in Primary Care: Validation of the simplified Zulfiqar Frailty Scale (sZFS). *Medicines* 2021, 3, 51. [CrossRef] [PubMed]

The Annals of Internal Medicine

11. Zulfiqar, A.A. Validation of the Zulfiqar Frailty Scale (ZFS): A New Tool for General Practitioners. *Medicines* 2021, 4, 52. [CrossRef]
12. Zulfiqar, A.A. Validation of a new frailty scale in primary care: The simplified Zulfiqar frailty scale. *Transl. Med. Aging* 2021, 5, 39–42. [CrossRef]
13. Zulfiqar, A.A. Creation of a new frailty scale in primary care: The Zulfiqar frailty scale. *Casp. J. Intern. Med.* 2021, in press.